

**INSTRUCTIONS FOR FILING:**

1. Complete **all** sections of form as required.
2. **Both** applicant **and** surety must complete and **notarize** page 2.
3. Failure to submit a completed form will delay processing.
4. Attach Power of Attorney if applicable.

STATE OF HAWAII  
**HAWAII POST-SECONDARY EDUCATION AUTHORIZATION PROGRAM**

Department of Commerce & Consumer Affairs

P. O. Box 541, Honolulu, Hawaii 96809

Access this form via website at: <http://cca.hawaii.gov/hpeap>

**BOND**

**HAWAII POST-SECONDARY EDUCATION AUTHORIZATION PROGRAM**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

THAT WE,

\_\_\_\_\_  
(Name of Applicant)

State of Hawaii, as Principal, and \_\_\_\_\_ registered and

\_\_\_\_\_  
(Name of Surety)

authorized to do business in the State of Hawaii, as Surety, are held and firmly bound unto the State of Hawaii, as Obligee, in the penal sum of \$ \_\_\_\_\_ lawful money of the United States of America, for the payment of which to the Obligee, well and truly to be made, we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents which amount fully complies with the bonding requirements of HRS Chapter 305J.

THE CONDITIONS OF THIS OBLIGATION ARE AS FOLLOWS:

That, whereas, the above Principal desires an authorization under the provisions of HRS Chapter 305J, to act as a private college or university as defined therein in the State of Hawaii;

NOW, THEREFORE, if the Principal, in the event authorization is issued to it, shall faithfully and fully comply with all provisions of HRS Chapter 305J and with such valid rules and regulations as may be promulgated by the Director of Commerce and Consumer Affairs pursuant to the provisions of HRS Chapter 305J, then the obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, as provided in HRS Chapter 305J, the surety bond shall be conditioned to provide indemnification to any student or enrollee, or to any parent or legal guardian of a student or enrollee, whom the Director finds to have suffered a loss of tuition or fees as a result of any act or practice that is a violation of HRS Chapter 305J and to provide alternative enrollment for students enrolled in a private college or university that ceases operation. If an institution ceases operation, the Director may make demand on the surety bond upon the demand for a refund a student or the parent or legal guardian of a student or the implementation of alternative enrollment for the students enrolled in the institution.

AND, the Principal, herein named, shall be released from the surety bond after the Principal serves written notice to the Director of Commerce and Consumer Affairs of the State of Hawaii at least sixty (60) days prior to the release. The authorization for an institution shall be suspended by operation of law when it is no longer covered by a surety bond as required.

AND, the Principal, herein named, shall provide in a report to the Director annual verification of continued coverage of the surety bond no later than January 1 of each year.

(CONTINUED ON PAGE 2)

Name of Applicant: \_\_\_\_\_

IN WITNESS WHEREOF, we the said Principal and the said Surety, have hereunto set our hands and seals this \_\_\_\_ day  
of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_  
By: \_\_\_\_\_  
Its \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

SURETY: \_\_\_\_\_  
By: \_\_\_\_\_  
Its \_\_\_\_\_

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Circuit Court: \_\_\_\_\_

Doc. Description: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature: \_\_\_\_\_

Date: \_\_\_\_\_